

# Prevention and Harm Reduction: Opportunities for Collaboration to Address Opioid-Related Overdose

## WEBINAR SUMMARY

**Date:** Thursday, August 17, 2017

Harm reduction practitioners play a vital role in tackling the nation's opioid crisis by addressing the adverse effects of drug use, including opioid-related overdose. Partnering with the harm reduction field can help substance misuse prevention practitioners deepen the impact of their overdose prevention efforts by providing critical links to populations at greatest risk. This webinar explores the intersection of opioid overdose prevention and harm reduction—and how developing a cultural understanding of each discipline's philosophy and work can facilitate healthy collaborations between them. Harm reduction experts also share examples of joint harm reduction/prevention efforts to address the problem of opioid overdose.

## WHAT IS HARM REDUCTION?

Harm reduction is **a set of practical strategies** and ideas aimed at reducing the negative consequences associated with drug use, based on the following principles:

- For better or worse, illicit drug use is a common societal problem that is not going away any time soon.
- There is a spectrum of harm reduction strategies, ranging from safer drug use (e.g., syringe exchange programs) to abstinence.
- Harm reduction strategies should have simple, “low threshold” entry requirements (e.g., bring services to the places where the people who need services already are).
- People who use drugs should have a real voice in the creation of policies and programs.

Harm reduction is also a **movement for social justice** built on a belief in, and respect for, the rights of people who use drugs.

## WHAT IS NALOXONE?

Naloxone is a medicine that **stops the effects of opioids** in injectable or intranasal form. It pushes most other opioids off of the body's opioid receptors and blocks them for only 30–90 minutes.

Naloxone administration is a **harm reduction strategy** because it doesn't prevent opioid use, but addresses the potential consequence of use—overdose-related death and related disability.

Naloxone is **associated with reductions in overdose deaths**. In Massachusetts, communities implementing Opioid Education and Naloxone Distribution (OEND) programs found that drug users themselves were actually responsible for the majority of naloxone rescues.

There are now laws in all 50 states that **allow lay people to carry and use naloxone** if they, in good faith, believe that they are seeing an overdose.

### WHERE DO PREVENTION AND HARM REDUCTION INTERSECT?

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Although many harm reduction strategies are outside the purview of substance misuse prevention, harm reduction and prevention practitioners **share several common goals**, including:

- Reducing the adverse health and social consequences of substance use
- Providing multiple points of intervention across the spectrum of substance use
- Developing coordinated strategies operating in tandem at both individual and community levels

Prevention and harm reduction are also united around **shared values and principles**, including:

- Emphasizing evidence-based interventions
- Acknowledging the harmful impact of stigma and stigmatizing language
- Focusing on protective factors in addition to risk factors
- Recognizing the importance of cultural competency and engaging a range of diverse populations in prevention efforts
- Understanding the value of working at the community level, in addition to the individual level, and taking approaches that address different risk environments
- Collaborating across community sectors to build a comprehensive approach

Additional areas of overlap between prevention and harm reduction are:

- **Along the continuum of care:** The continuum of care<sup>1</sup> is not linear, as people can move back and forth across the different stages. Prevention and harm reduction practitioners often work with the same individuals at various stages of the continuum.
- **Among family and peer groups:** Substance use initiation is typically a social process that occurs in the context of relationships with a current user. Harm reduction offers an opportunity to engage peers and family members, who may also be using substances, and talk about their role in terms of exposing other people to potentially harmful substance use patterns.

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<sup>1</sup> The Institute of Medicine's *continuum of care* (also known as the *mental health intervention spectrum*) is a classification system that presents the scope of behavioral health services: promotion of health, prevention of illness/disorder, treatment, and maintenance/recovery. For more information, visit <https://www.samhsa.gov/prevention>.

## WHAT ARE THE BENEFITS OF COLLABORATION BETWEEN THESE DISCIPLINES?

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“ *We are stronger and achieve more when we work together.*

– Daniel Raymond, Deputy Director of Planning and Policy, Harm Reduction Coalition

Collaboration between prevention and harm reduction practitioners can be mutually beneficial. Here are some examples of how:

- **All hands-on deck.** We cannot afford to work in silos in the midst of this crisis that is claiming so many lives. It's critical that practitioners engage partners from all sectors of the substance use continuum of care and collaborate on overdose prevention strategies.
- **Translating across sectors.** Practitioners from different sectors often have distinct jargon and different frames of reference for addressing opioid misuse and overdose. Collaboration creates opportunities to build a common vocabulary to better communicate across sectors and understand each other's activities, priorities, and knowledge.
- **Sharing knowledge for action.** Prevention and harm reduction practitioners each bring different insights to the table as they work with and learn from different parts of the community. Collaboration provides a space to share actionable information and gain a broader vantage point.
- **Bigger pool.** Although there is plenty of overlap, the harm reduction and prevention fields often have distinct advocates, supporters, constituents, stakeholders, and networks. As a result, collaboration provides an opportunity for a wider reach, both in sharing your work and drawing from a larger pool of advocates and stakeholders.
- **Joint action.** With shared values and common goals, collaboration between prevention and harm reduction practitioners can result in joint action through coordinated messaging and strategies.
- **Greater impact.** Ultimately, collaboration between prevention and harm reduction practitioners provides opportunities to expand our reach, increase our impact, and develop a united front that multiplies our influence among community members, policymakers, media, and key institutions.

## EXAMPLES OF SUCCESSFUL PARTNERSHIPS

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### The Naloxone Co-payment Assistance Program (N-CAP)

While naloxone has become more accessible (e.g., via standing orders, which essentially make it available “over the counter” in many states), co-payment for naloxone can still be a barrier for some people. To address this access barrier, New York State (NYS) recently rolled out an initiative allowing the NYS Department of Health to cover copays for naloxone up to \$40. N-CAP is managed by New York's Office of HIV Uninsured Care Programs using the Pharmacy Benefit Management

System. Although naloxone copays are not covered through HIV funds, using this system provides pharmacies with a mechanism for billing the state.

This initiative was made possible through extensive collaboration between pharmacies, state and county health departments, medical prescribers, and community-based organizations. Each partner plays a vital role in the success of the initiative, from accessing funding to raising public awareness.

### Naloxone Distribution and Training in State Prisons

Since individuals leaving prison are particularly vulnerable to overdose, the NYS Department of Corrections & Community Supervision, NYS Department of Health, and the Harm Reduction Coalition have collaborated on a program to train all soon-to-be-released inmates, regardless of drug involvement, on opioid overdose prevention. Training components include:

- Risk factors for overdose
- How to recognize signs of overdose
- What naloxone is and how to use it
- How to respond to overdose
- How to get naloxone refills
- Importance of reporting overdose
- Laws surrounding naloxone

All inmates are offered naloxone kits upon release and, in just two years, there are over 5,000 formerly incarcerated people in New York who are carrying naloxone. The program's success can be attributed to strong collaboration, particularly with an internal advocate who understood and helped navigate the prison system in order to garner support for the program.

## CAPT RESOURCES

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SAMHSA's CAPT has a wide selection of substance misuse prevention resources available on [samhsa.gov/capt](http://samhsa.gov/capt), including:

- **Prevention Collaboration in Action**—an online toolkit designed to help practitioners build, strengthen, and sustain the effective collaborations needed to prevent substance misuse and improve health outcomes. The toolkit's **Focus on Opioids** section features stories from around the country of successful collaborative efforts to prevent opioid misuse and overdose. Accompanying tools offer tips for establishing and maintaining effective partnerships, recognizing the unique challenges presented by this crisis.
- **Prevention Conversations**—a series of short videos featuring SAMHSA prevention grantees and specialists, who share information and stories related to the prevention of opioid misuse, overdose, and other substance-related problems.